



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>				Complete if Known	
				Application Number	10/075,624
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	February 15, 2002
				First Named Inventor	Masahiro Matsuo
				Examiner Name	G. Laxton
TOTAL AMOUNT OF PAYMENT (\$)				0.00	2838
Attorney Docket No.				R2180.0121/P121	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None	3. ADDITIONAL FEES			
<input type="checkbox"/> Deposit Account							
Deposit Account Number	04-1073			Large Entity Small Entity			
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP						
The Commissioner is hereby authorized to: (check all that apply)				Fee Code Fee (\$)			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments							
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				Fee Description			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
to the above-identified deposit account.				Fee Paid			
FEE CALCULATION							
1. BASIC FILING FEE				Large Entity Small Entity			
Fee Code Fee (\$)							
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$)				0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				Large Entity Small Entity			
Fee Code Fee (\$)							
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)				0.00			
**or number previously paid, if greater; For Reissues, see above				Large Entity Small Entity			
Fee Code Fee (\$)							
1801	750	2801	375	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify)							
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)			
				0.00			

SUBMITTED BY		Complete (if applicable)	
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Signature		Telephone	(202) 828-2232
		Date	May 13, 2003